## Community Health Improvement Plan – Long Term (5-10 years)

<b>Priority:</b>				INS	ERT LHD LOGO
Alignmen	nt:				
CHA/CHN	IA Year:				
LHD:					
Result 1:	What result do you want?				
What doe	es it look like when you achieve this	result?			
Why is th	is important?				
What par	tners will address this priority?				
How will	you measure success?				
List each	strategy/intervention, partners, me	asures, and level	,		
Result 1	Name of Strategy/Intervention	Responsible Partners	Outcome (s) (What will you measure and report in the SOTCH?)	Output(s) (What you will do and report in the SOTCH?)	Level of Intervention
1.1					
1.2					
1.3					
1.4					
1.5					
1.6					
1.7					
1.8					
1.9					

 $\hbox{CHA\_SOTCH/CHA MASTER/TOOLS/Community Health Improvement Plan-LT} \\ Created January 2019$ 

Add rows as needed					
Result 2:	What result do you want?				
What doe	s it look like when you achieve this	s result?			
Why is thi	s important?				
What part	ners will address this priority?				
How will y	ou measure success?				
List each s	trategy/intervention, partners, mo	easures, and level			
Result 2	Name of Strategy/Intervention	Responsible Partners	Outcome (s) (What will you measure and report in the SOTCH?)	Output(s) (What you will do and report in the SOTCH?)	Level of Intervention
2.1					
2.2					
2.3					
2.4					
2.5					
2.6					
2.7					
2.8					
2.9					
Add rows as needed					
Result 3:	What result do you want?				
What does it look like when you achieve this result?					
Why is this important?					
What partners will address this priority?					
How will you measure success?					

List each strategy/intervention, partners, measures, and level							
Result 3	Name of Strategy/Intervention	Responsible Partners	Outcome (s)	Output(s)	Level of Intervention		
3.1							
3.2							
3.3							
3.4							
3.5							
3.6							
3.7							
3.8							
3.9							
Add rows as needed							

## Instructions:

- Add new section(s) if more than two results and number accordingly
- Add more rows if more than 9 interventions are needed and number accordingly.
- Level of Intervention: Individual, Organizational, or Policy

Instructions for use of this form can be found on the DHHS/DPH website: <a href="https://publichealth.nc.gov/lhd/">https://publichealth.nc.gov/lhd/</a>